Docket No. 027171/014 SBP:MWS:ph

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

Uri Rosenschein et al.

Serial No.

New Application

Filed

Herewith

Title

LYSIS METHOD AND APPARATUS

DECLARATION CLAIMING SMALL ENTITY STATUS UNDER 37 C.F.R. 1.9(f) AND 1.27(c) - SMALL BUSINESS CONCERN

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

I hereby declare that I am an official of the small business concern empowered to act on behalf of the concern identified below:

> Angiosonics Incorporated 2200 Gateway Center Blvd. Suite 207

Morrisville, North Carolina 27560

I hereby declare that the above identified concern qualifies as a small business concern as defined in 13 C.F.R. §§ 121.801 through 121.805, in accordance with 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Sections 41(a), (b) and (h) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement:

In calculating the number of employees of the business concern: (a) (1)the average numbers of employees is used (including employees of domestic and foreign affiliates) based upon numbers of employees for each of the pay periods for the preceding completed 12 calendar months; (b) part-time and temporary employees are counted the

same as full-time employees; (c) if the concern has not been in business for 12 months, the average number of employees is used for each of the pay periods during which it has been in business; and (d) the treatment of employees of former affiliates or recently acquired affiliates is the same as for size determinations using annual receipts under 13 C.F.R. § 121.104(d); and

(2) Concerns are affiliates of each other when one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

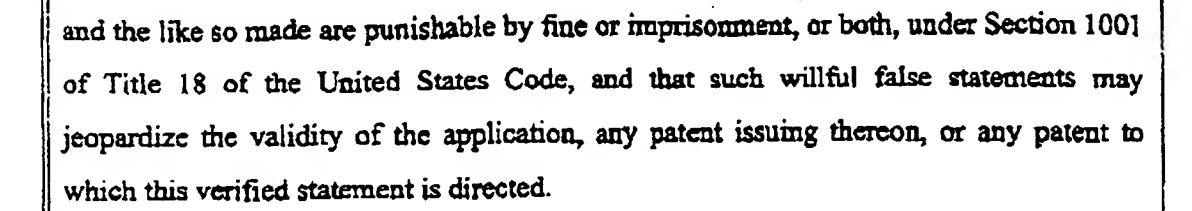
I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled LYSIS METHOD AND APPARATUS by inventor Uri Rosenschein, Yoram Eshel, Vladimir Furman and Efim Kerner, described herein.

exclusive, each person, concern or organization having rights to the invention is listed below and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 C.F.R. § 1.9(c), or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e):

No such person, concern or organization.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. 37 C.F.R. § 1.28(b).

I hereby declare that all statements made herein or my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements



ANGIOSONICS INCORPORATED

Date: SEPTEMBER 29,1997

Name: RICHARD B. KLEIN

Title: EVP \$ COD

Docket No. 027171/014 MWS:jm

Declaration, Power of Attorney and Petition

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if multiple names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled LYSIS METHOD AND APPARATUS, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, § 1.56.

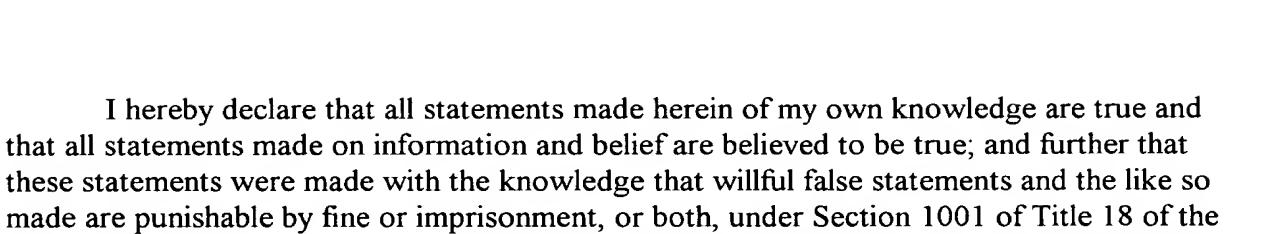
I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

			Priority cl	aimed
(Number)	(County)	Day/month/year filed	Yes	No
(Number)	(County)	Day/month/year filed	Yes	No
	· .			
(Number)	(County)	Day/month/year filed	Yes	No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing date)	(patent, pending, abandoned)	
(Application Serial No.)	(Filing date)	(patent, pending, abandoned)	
(Application Serial No.)	(Filing date)	(patent, pending, abandoned)	



application or any patent issued thereon.

And I hereby appoint Lawrence R

And I hereby appoint Lawrence Rosenthal, Registration No. 24,377, Steven B. Pokotilow, Registration No. 26,405, Howard M. Gitten, Registration No. 32,138 and Matthew W. Siegal, Registration No. 32,941, correspondence address:

United States Code and that such willful false statements may jeopardize the validity of the

Stroock & Stroock & Lavan LLP
180 Maiden Lane
New York, New York 10038-4982

Direct telephone calls to: (212) 806-5400

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

1-00
Full name of sole or first inventor: Dr. Uri Rosenschen
Inventor's signature: Date: 25 9 7 7
Residence Kefar Daniel 73125, Israel
Citizenship: Israeli / 1/2
Post Office Address: Kefar Daniel 73125, Israel
2.00
Full name of second joint inventor: Dr. Yoram Eshel
Inventor's signature: Date: 24/9/9
Residence: Kisufim 38, Tel Aviv, Israel ILX
Citizenship: Israeli
Post Office Address: Kisufim 38, Tel Aviv, Israel
く~ひ
Full name of third joint inventor: Dr. Vladimir Furman
Inventor's signature: Date: 24.09.97
Residence: Shapira 726/21, Ashelon, Israel
Citizenship: Israeli
Post Office Address: Shapira 726/21 Ashkelon Israel





Additional Inventors:

Additional inventors	5 •	4-00	•	
Full name of fourth jo	int inventor	l		
Inventor's signature:			Esty	Date: <u>24.09</u> .9
Residence:	Kendler 41/1	9 Rehovot Israel		_ Date
Citizenship:	Israeli	7, Itemovot, Israel	XIX	
Post Office Address:	Kend	ler 41/19 Rehovot	Israel	
Tost Office Hadress.	TXCIId	ici 11/15, icinovot,	151401	. <u></u>
Full name of additiona	al joint invento	or:		
Inventor's signature: _	•			_ Date:
Residence:				
Citizenship:				
Post Office Address:				
Full name of additiona	al joint invento	or:		
Inventor's signature: _				_ Date:
Residence:		•		
Citizenship:			·	
Post Office Address:	·			
Eull name of additions	al iaint invanta	~ ··		
Full name of additional Inventor's signature:	•			_ Date:
Residence:		· · · · · · · · ·		
Citizenship: Post Office Address:				
Full name of additiona	al joint invento	or:		
Inventor's signature: _				_ Date:
Residence:				<u></u>
Citizenship:				
Post Office Address:				
Eull name of additions	aliaintinganta	~···		
Full name of additional	•			Data
Inventor's signature: _				_ Date:
Residence:				
Citizenship:	.			
Post Office Address:				
Full name of additiona	al joint invento	or:		
Inventor's signature: _	•			_ Date:
Residence:				
Citizenship:				
Post Office Address:				